

Yellow Team Report to/Dialogue with OONE Practice and Legislative Cte

October 31, 2008

OHA Board Room, Columbus, OH

Summary

Facilitated by Jean Scholz, member of the Group of 20 for the Nursing 2015 Project and Director of Health Policy, Ohio Hospital Association, Mary Beth Mathews and Tammy Nuesmeyer representing ONA's Yellow Team joined the meeting of the above OONE committee for a dialogue on the practice environment perspective on competencies needed by graduate nurses for entry into practice.

Sue Horwarth, Chair of OONE's committee, presided. To paraphrase, she stated that OONE's interest is to align strategies between practice and education to increase the level of competence of graduate nurses with particular attention to increasing patient safety and quality outcomes. To this end, OONE wants to determine difference in program preparation and determine the needs of hospitals. These activities are in line with Yellow Team action plans.

Jean Scholz summarized the focus and recent actions of all committees of the Nursing 2015 Project. Lisa Kleinke, OBON President, stated that two vehicles for ongoing dialogue between nursing administrators and educators were the OBN's Education Committee (Kathy Driscoll, Chair) and the Nursing Education Study Cte, advisory to the OBN. This Cte is expected to forward recommendations related to the nursing pipeline by year's end. Jean Scholz gave a brief history of the Study Cte's origins, and stated that the Cte's recommendations would probably be used to inform JCARR and future legislation. Jean also mentioned how helpful it would be if OBN and Ohio Department of Job & Family Services would collaborate to create a database that will include helpful nursing workforce data.

Sue Horwarth then invited OONE members to begin a dialogue about graduate nurse competencies needed in the workplace by sharing experiences in their respective facilities. A summary of perceived needs and actions taken to meet them is below:

1. Graduate nurses came **without basic skill competence** (e.g. IVs, gastric tubes, Foley catheters, wound care including dressing changes). In collaboration with a nearby nursing program, Nursing Orientation was totally revamped so new graduates are immersed in basic skills development for about 4 weeks; spend four days on tabletop exercises with educators on patient cases relating to the top 5 DRGs seen in that facility followed by a full day of simulated patient care cases. The outcomes have included cutting 4-6 weeks off new grad orientation at considerable cost savings to the facility, and increased satisfaction and retention of new graduates in practice there. An article has been submitted for publication on this innovative approach.
2. Baccalaureate graduates in another city come to their first position **uncomfortable touching real people**; some faculty reportedly do not believe

their students need to learn bedbaths so do not include patient assessment during bathing in the curriculum; simulation lab experiences are emphasized. The nurse exec wants educators to get back the art of nursing into their curricula so graduates are comfortable touching real people and using the tools of nurses (stethoscopes, etc.).

3. In a pediatric facility, because of issues with **basic skills competence** that led to safety issues for patients and **lack of knowledge about how to put all the pieces together for patient care**, the facility partnered with a nearby nursing program to develop a Residency Program that gives new graduates 4-6 weeks of experience in each of at least 3 practice settings. This serves to develop competence and find the best fit for the first year of practice for the graduate nurse.
4. Computerization in many healthcare settings is substantial and **both faculty and students need to be sophisticated computer users**. As curricula cannot include preparation for all computer systems with students moving from one facility to another in the course of their education, students and their faculty must develop core informatics competencies which will support them using the various systems they encounter for noting physician orders, accessing lab results, and documenting care.
5. **Faculty need to be clinically competent, and should be paid** by their employers (or through collaborative arrangements with healthcare facilities) **to be oriented to their clinical facilities prior to having students there**; using clinical skills validation check-off lists is recommended. Having baccalaureate-prepared, experienced nurses on staff in the clinical facility serve as clinical preceptors is one “fix” for this problem, but these are usually not working with the beginning students in the nursing programs.
6. **Students often are not educated about the major Patient Safety initiatives, Joint Commission (JC) initiatives, or even Hand Hygiene requirements** of the clinical practice environment. One solution is to include hospital staff guest speakers on these topics in every curriculum to assure the currency of the content. (Facilities can be “dinged” by JC surveyors when the latter find that students out of ignorance are not compliant with these relevant institutional practices.)

(The above list may be more useful to the Yellow Team as a list of needs, but the context also seemed valuable. At a subsequent meeting we would probably begin work with a discrete list of competencies and yet Yea/Nay comments, make editorial changes including additions/deletions)

A variety of unique strategies are being used to facilitate competence including Internship, hiring students as sitters and utilizing them commensurate with where they are in their program as sitter needs permit; implementing as a recruitment strategy for baccalaureate students structured externships during the summer before their final year of study.

There was agreement that educators and service personnel need to determine what responsibilities each setting has to assure competence of graduate nurses upon hire. Differentiating work and preparation needs to be revisited. Nurses are knowledge workers but also have the requirement for technical skills competence. Practice leaders

need to understand rationale and roles imbedded in new initiatives in nursing education (e.g. Clinical Nurse Leader, Doctorate in Nursing Practice).

Conclusion: Susan will initiate a triad workgroup (BON, OONE, ONA's Yellow Team) to continue the dialogue between nursing executives and nurse educators for the purpose of achieving OONE and Nursing 2015 objectives related to graduate nurse competence.

Summary provided by Mary Beth Mathews
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